

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 03/01/2006

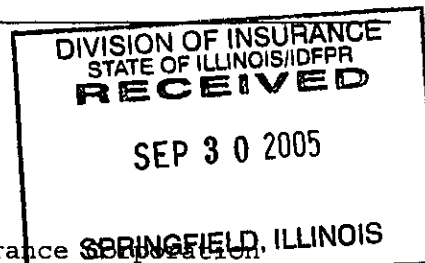
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	\$293,939	-9.9%
	2004 Earned Premium	
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: NA

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of ISO Reference Filing

GL-2005-BGL1 on 03/01/2006.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.



American Alternative Insurance Corporation
Name of Company

Stephen J. Corbett - Vice President
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/01/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	4,124,640	-12.3%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Filing only applies to Accountants in the Premier Plan. Value Plan is unchanged.

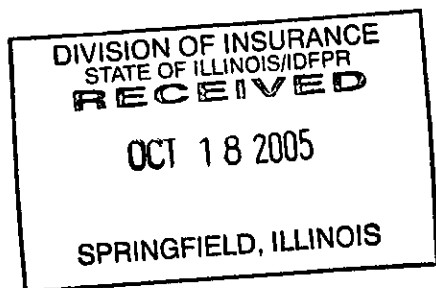
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Please, see attached explanatory memo.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Continental Casualty Company
 Name of Company

John Lockhart, Regulatory Filings Technician
 Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

12/01/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto	1,394,997	0.0%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Yes, OL&T Class 49185 Only - All
Territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

ISO

*Adjusted to reflect all prior rate changes.

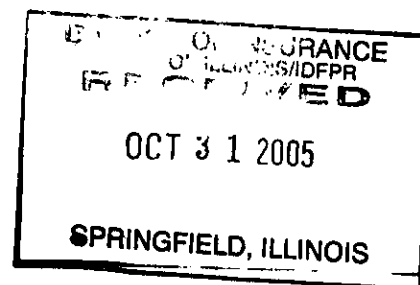
**Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company

Name of Company

Don Coughenower - Assistant Vice President

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

NB & RNLS Effective 2-1-06

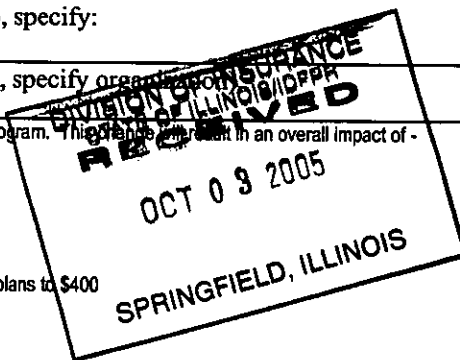
(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	\$91,976	-2.2%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)

With this filing it is our intent to submit the following rate revisions to apply to our Commercial Property Program. This change is intended to have an overall impact of -2.2%.

- Adopted the above previously deferred ISO filings
- Amend Loss Cost Multiplier for Auto dismantling to 1.700.
- Amend the policy minimum premium for both prepaid policies and annual premium payment plans to \$400
- Introduce "aa" rates for class codes 10073, 18616 and 91190.



Harleysville Insurance Company
Name of Company

Sherry Walter
State Filing Analyst
Official - Title

H29219D

Change in Company's premium or rate level produced by rate revision effective

NB & RNLS Effective 2-1-06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	\$7,227,225	+3.9%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

With this filing it is our intent to submit the following rate revisions to apply to our Commercial Policy Program. This change will result in an overall impact of +3.9%.

- Adopted the above previously deferred ISO filings
- Amend the policy minimum premium for both prepaid policies and annual premium payment plans to \$400
- Introduce "aa" rates for class codes 10073 and 18616.

Attached please find the revised manual pages for your review and consideration.

Attached: (IL) CF-HE-1 and (IL) CF-HE-2, Third Reprint, February 2006

Withdrawn: (IL) CR-HE-1, Second Reprint, February 2005

(IL) CR-HE-2, Second Reprint, November 2004

Rule of Application: These changes shall be applicable to all policies effective on and after February 1, 2006.

Your favorable approval will be appreciated. The duplicate letter may be used as an approval notice for our file.

Harleysville Lake States Insurance Company
Name of Company

Sherry Walter
State Filing Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

12/01/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto	5,418,172	0.0%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Yes, OL&T Class 49185 Only - All Territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

ISO

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Illinois Emcasco Insurance Company

Name of Company

0Don Coughenower Assistant Vice President
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 2/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	3,701,206	-7.0
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

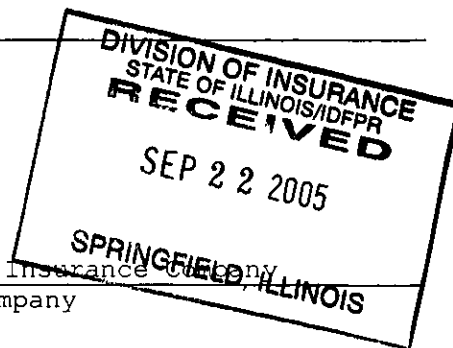
Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of ISO GL-2004-BGL2, GL-2004-
IALL1, GL-2005-BGL1

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Philadelphia Indemnity Insurance Co., Inc.
Name of Company

Kevin W. O'Brien - Compliance Manager
Official - Title



SUMMARY SHEET

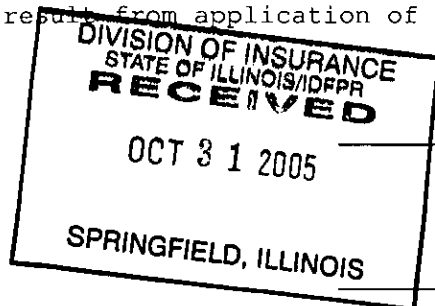
Change in Company's premium or rate level produced by rate
revision effective 1/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	541,721	+5.6%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: Health and Fitness program

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Rating revision to Health and Fitness

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.



Philadelphia Indemnity Insurance Company
Name of Company

Kevin W. O'Brien - Compliance Manager
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 01/01/06

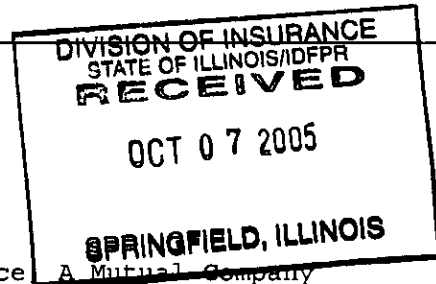
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	2,128,079	0
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: no

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): ISO

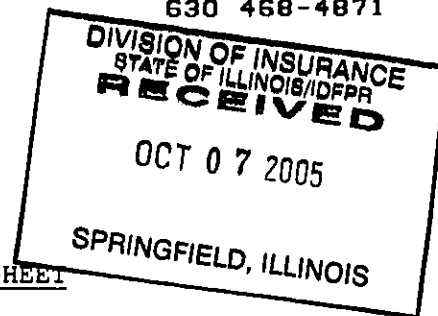
We are filing company loss cost multipliers and package modifiers to go with the
current ISO loss costs.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.



SECURA Insurance A Mutual Company
Name of Company

Robert Bauman - official
Official - Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 11/1/05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	247,532	- 9.9
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: Changes Premises/Operations (subline Code 334) and Products/Completed
Operations (Subline Code 336) \$100,00/\$200,000 occurrence loss

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of ISO filing, GL-2005-BGL1,

Illinois Revised General Liability Advisory Prospective Loss Costs To Become Effective. The -9.9
change indicated above is the overall effect of change based on this adoption as we are not revising
our loss cost multiplier.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Name of Company

Marshall Felbein, Vice President -

Official - Title

0293190

IL 05279

May be a dup.